



CASE STUDY

‘For Us, By Us’ Diabetes Care in Collarenebri

Practice Name: Collarenebri Medical Centre (The Healthy Communities Foundation)

Location: Collarenebri, NSW • **MM:** 6

Context

Bundjalung woman Rishoniy (Roie) Caine (RN) is based in Collarenebri, a remote small town in northern New South Wales. Collarenebri has a high First Nations population, with over 35% of respondents to the 2021 Census identifying as Aboriginal and/or Torres Strait Islander¹.

With 7 years of experience as a nurse in remote communities, including the Kimberley, Central Australia, APY lands, and Cape York, Roie is passionate about showing the impact nurses can have on providing high quality, culturally appropriate, tailored care in remote areas. Roie recognised that the Collarenebri community was facing challenges due to the irregularity of diabetes care.

In partnership with APNA's Building Nurse Capacity Program, Roie established a diabetes clinic focused on addressing a critical local population need in remote Indigenous communities: the management of Type 2 diabetes.

A clear plan

When planning her clinic, Roie identified a gap in care in her local community: no viable access to dietary or lifestyle modification education for Type 2 diabetes patients. Her goal was to reduce patient HbA1C by 20% or return to normal ranges (4 – 6) with the support of dietary and lifestyle modifications. Roie also wanted to ensure that the care provided was holistic, culturally appropriate, and designed to best meet the needs of community members.

Funding

Alongside funding from her participation in the Building Nurse Capacity Program, Roie utilised MBS item numbers 715, 723, 732, 10997, and 10987.

Location and facilities

Collarenebri Medical Centre is based in the Collarenebri Community Hub – a community service centre that brings together health, education, and other community services in a hub run by the community, for the community. The Hub is a collaborative initiative of the Collarenebri community and The Healthy Communities Foundation. Locals knew that Roie worked there – and that the care they would be provided with was culturally safe, and high quality. Roie also worked with service users and families in their homes, conducting interactive group sessions.

Staffing and HR

Roie's clinic is run by a small team on the ground, with administration support from Tassene, who has strong ties to the local area. There is no GP working on site, but GP support was provided through telehealth systems.

¹ 2021 Collarenebri, Census All persons QuickStats | Australian Bureau of Statistics



We acknowledge the Gamilaroi and Yuwaalaraay people as the traditional owners of the lands featured in this story and pay our respects to Elders past and present.

Best-practice care

Through her use of an innovative model of care that centres First Nations ways of knowing and being, Roie has run group and one-to-one sessions, including: in-home cooking visits, gardening lessons, mental health support, nutrition education and culturally safe conversations about Type 2 diabetes care and prevention. By utilising knowledge that she has learned from Elders about bush foods and traditional medicine, Roie has developed a holistic care model that prioritises culturally sensitive diet modification, exercise plans, wellness coaching, and emotional wellbeing support that is specifically designed to meet the needs of the community. Roie's approach is aligned with the guidelines of the Central Australian Rural Practitioners Association (CARPA), ensuring culturally appropriate and effective healthcare delivery.

Patient engagement

Roie has a deep understanding of the issues that the local community faces, including access to healthy fresh food. Through her clinic, Roie promotes traditional foods like kangaroo, fish, and native greens. There is no gym in the town, so instead of lifting weights, clinic participants are encouraged to lift cans of food and walk locally. Roie is driven by sharing achievable methods for including wellness and movement into daily life.

Supporting systems and processes

Roie identified potential participants by using clinic data to run a report on current patients with a HbA1C of more than 6. These patients were sent a letter with information on the diabetes clinic and how they could access it in the clinic or through a home visit. After participating in the six-month program, participants were followed up with to check HbA1C after 3 months, 6 months, 12 months and 18 months, to ensure the sustainability of the model.



Evaluation and improvement

Over 6% of people in western and far western NSW live with Type 2 diabetes², and Western NSW residents are more than 40% more likely to die from diabetes-related causes compared to the rest of the state³. However, for many people in rural and remote areas, accessing appropriate diabetes care is challenging. In Collarenebri, it is difficult to access specialist diabetes care due to the location, and healthy food is often unaffordable or unavailable.

As Roie says,

I wanted to do things differently – to empower people using the resources they already have.

Data from Roie's clinic has shown improvements in blood sugar levels, weight, and overall wellbeing, and the clinic will continue to run from Collarenebri Community Hub. With Roie's mentoring and knowledge sharing, the model has also been replicated at West Armidale Medical Centre.

² NSW Rural Doctors Network, 2022

³ Western & Far West NSW Population Health Profile 2025